

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90111 030 ***158.75

020671

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P96000078419 ✓**

1. Entity Name
GATOR ELECTRIC SERVICE OF SO. FLA, INC.

Principal Place of Business Mailing Address

744 BARNETT DR. Suite 14
LAKE WORTH, FLA. 33461

2. Principal Place of Business 3. Mailing Address

744 BARNETT DR.

Suite, Apt. #, etc.

14

City & State City & State

LAKE WORTH, FLA.

Zip Country Zip Country

33461 Palm Bch.

4. FEI Number Applied For
65-0387857 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Alice Riley**

Street Address (P.O. Box Number is Not Acceptable)

744 Barnett Dr. Ste 14

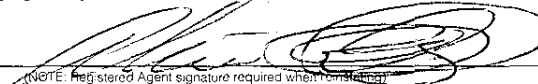
City **LAKE WORTH**

FL

Zip Code **33461**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Alice Riley Pres.**
 Signature, typed or printed name of registered agent and title if applicable.



DATE **02/21/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
 NAME **Alice Riley**
 STREET ADDRESS **13170 69th St. N.**
 CITY-ST-ZIP **W.B.B. FLA. 33412**

TITLE **JR-VICE-PRESIDENT** ☐ Change ☒ Addition
 NAME **Rudney Riley**
 STREET ADDRESS **212 Nancy Rd.**
 CITY-ST-ZIP **Relton SC 29123**

TITLE **VICE-PRESIDENT** ☐ Delete
 NAME **Bruce Riley**
 STREET ADDRESS **13170 69th St. N.**
 CITY-ST-ZIP **W.B.B. FLA. 33412**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete
 NAME **Alice Riley**
 STREET ADDRESS **13170 69th St. N.**
 CITY-ST-ZIP **W.P.B. FLA. 33412**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER** ☐ Delete
 NAME **Bruce Riley**
 STREET ADDRESS **13170 69th St. N.**
 CITY-ST-ZIP **W.B.B. FLA. 33412**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Alice Riley** 02/21/01 561-586-5807
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)